SAN BERNARDINO COUNTY

Public Health
Vital Statistics

Out of Hospital Birth – Submission Form

Midwife Name: _____

License Number: _____

Location of Birth

☐ Home Birth: _____
☐ Birthing Center: _____

Was the newborn screen Information?

☐ Yes Test Location: _____ Test Date:

☐ No Why not complete? Unknown Refusal Date:

☐ Unknown

Newborn Primary Care Physician (PCP): _____

Marital Status: Unknown

Voluntary Declaration of Paternity (VDOP) Completed?

☐ Yes ☐ No

Enclosed documents:

☐ Out of Hospital Worksheet
☐ Proof of Pregnancy
☐ Copy VDOP
☐ Newborn Screening Receipt
☐ Supplemental Questionnaire ---------- ☐ Refused

Parent Contact Information:

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Certification Statement

I certify that all the information I provided is true and correct to the best of my knowledge.

Signature of Midwife: _____ **Date:** _____

Affidavit of Birth Information for Out-of-Hospital Births

This Affidavit is to be Completed at the Local Health Office

I swear or affirm that the information stated is true and correct to the best of my knowledge and belief. I certify that the child named herein was born alive to the stated parent at the place, date, and time shown on this worksheet.

This worksheet was completed with the understanding that the facts so stated herein afford a full, complete, and truthful representation of facts and what my testimony shall be should I be asked or directed to testify to the facts herein in a court of law. I realize that any false statement of facts or information made herein could subject me to the risk of criminal liability, including, but not limited to, prosecution for perjury.

<table>
<tr><td rowspan="2">Parent Verification</td><td colspan="2">Printed Name</td><td colspan="2">Written Signature
►</td></tr>
<tr><td>Relationship to Child

□ Mother
□ Father
□ Parent</td><td colspan="2">Date Signed</td><td>Phone Number
( )</td></tr>
<tr><td rowspan="4">Witness Verification</td><td colspan="2">Printed Name</td><td colspan="2">Written Signature
►</td></tr>
<tr><td colspan="3">Address – Street Name and Number</td><td>County</td></tr>
<tr><td colspan="2">City</td><td>State</td><td>Zip</td></tr>
<tr><td>Relationship to Child</td><td colspan="2">Date Signed</td><td>Phone Number
( )</td></tr>
<tr><td rowspan="4">Attendant Verification

(Physician, Certified Nurse-Midwife, or Licensed Midwife)</td><td colspan="2">Printed Name</td><td colspan="2">Written Signature
►</td></tr>
<tr><td colspan="3">Address – Street Name and Number</td><td>County</td></tr>
<tr><td colspan="2">City</td><td>State</td><td>Zip</td></tr>
<tr><td>State License Number</td><td colspan="2">Date Signed</td><td>Phone Number
( )</td></tr>
<tr><td rowspan="2">Local Registration District Staff Verification</td><td colspan="2">Printed Name</td><td colspan="2">Written Signature
►</td></tr>
<tr><td>Date Signed</td><td>□ Registered</td><td>□ Denied</td><td>Inventory Control Number
_____</td></tr>
</table>

Privacy Notification

The information entered on the worksheet will be transferred to the Certificate of Live Birth (VS 10D) and will be collected by California Department of Public Health-Vital Records, M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410, telephone number (916) 445-2684. This information is required by Division 102 of the Health and Safety Code. Every element on the worksheet is mandatory, except the items between the double bold lines on the first page of the worksheet. Failure to comply by every person, except a parent informant, is a misdemeanor. The Certificate of Live Birth is open to public access except where prohibited by statute. The principal purposes of this record are to: 1) Establish a legal record of each vital event, 2) Provide certified copies for personal use, 3) Furnish information for demographic and epidemiological studies, and 4) Supply data to the National Center for Health Statistics for federal reports. The parents' Social Security numbers are included pursuant to Section 102425 (b) (15) of the Health and Safety Code, and may be used for child support enforcement purposes.